Acumedicine Health

8121 Georgia Ave. Suite 210 Silver Spring, MD 20910
(301) 742.1290

Pediatric Health History Questionnaire

Name_____ Birth Date_____

Parent(s)_____
Person filling out form_____
What do you want to address with Chinese Medicine?_____
_____
_____
_____

Members of Household (NOT including parents, siblings), relationship to patient:
1.
2._____
Siblings (gender, ages):
1._____
2._____
3._____
4._____
Pets:_____
Mother's pregnancy
highlights_____
_____

Delivery type (c-section or vaginal), complications, and highlights:

Infant status at birth:

What medications, herbs, and supplements does your child take on a daily basis?
_____
_____

Vaccination history: How does your child react to immunizations/vaccinations?
_____
_____

Past medical history: (For more comment space go to next page)

Acumedicine Health

8121 Georgia Suite 210 Silver Spring 20910
(301) 742.1290

Past medical history: (For more comment space go to next page)

Surgeries_____

Ear infections_____

Asthma_____

Reflux_____

Bed wetting_____

Food Sensitivity_____

Anxiety _____

Frequent respiratory infections_____

Rashes, eczema, hives, acne, yeast infections, warts, fungal infections (circle)?

Describe briefly_____

Headaches (where located)_____

Hyperactivity(medications)_____

_____

Night terrors_____

Nutrition:

Meal routine:_____

Is your child a "picky" eater?_____

How does your child tolerate vegetables? What vegetables does s/he readily eat?

_____

What vegetables does s/he dislike?_____

_____

What meats or animal protein does he/she eat?_____

Any special diet your child is on?

_____

Recurrent digestive problems (circle):stomach aches; constipation; abdominal pain; vomiting; diarrhea; nutritional impairment._____

_____

Developmental & physical growth concerns:_____

_____

_____

Physical activity/sports/hobbies/:_____

_____

_____

Acumedicine Health

8121 Georgia Suite 210 Silver Spring 20910
(301) 742.1290

What after school activities does your child participate in?_____

_____

_____

School/daycare: Like or Dislike?_____

_____

_____

Strengths in subjects/school activities:_____

_____

_____

_____

Challenges in school/daycare:_____

_____

_____

_____

Female Puberty:

Age of first Menses_____ Length of cycle_____

Premenstrual/menstrual issues (circle): mood swings; bloating; cramps; back- aches; cravings; clots; excessive bleeding

Additional Comments/concerns

_____

_____

_____

_____

_____